



9-20-05

Mw RCE CC

PTO/SB/17 (12-04v2)

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<b>FEE TRANSMITTAL</b> For FY 2005		<b>Complete if Known</b>	
		Application Number	09/674,079-Conf. #1560
		Filing Date	October 25, 2000
		First Named Inventor	Jerome Meric
		Examiner Name	H. V. Tran
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2611
<b>TOTAL AMOUNT OF PAYMENT</b>		Attorney Docket No.	11345/027001
		(\$)	1,110.00

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims** 24 - 20 = 4 x 50.00 = 200.00

**Multiple Dependent Claims**

**Indep. Claims** 2 - 3 = 0 x 200.00 = 0.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** 100 - 100 = 0 / 50 = 0 (round up to a whole number) x 250.00 = 0.00

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	120.00
1801 Request for continued examination (RCE) (see 37 ...)	790.00

<b>SUBMITTED BY</b>			
Signature	<u>[Signature]</u> #45,079	Registration No. (Attorney/Agent)	33,986
Name (Print/Type)	Jonathan P. Osha	Telephone	(713) 228-8600
	THOMAS SCHERER	Date	September 19, 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV707247878US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 19, 2005

Signature: [Signature] (Debra V. Wieser)



AMENDMENT TRANSMITTAL LETTER				Docket No. 11345/027001	
Application No. 09/674,079-Conf. #1560		Filing Date October 25, 2000		Examiner H. V. Tran	
				Art Unit 2611	
Applicant(s): Jerome Meric et al.					
Invention: RECEIVER/DECODER AND METHOD OF PROCESSING VIDEO DATA					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	24	- 20 =	4	x 50.00	200.00
<b>Independent Claims</b>	2	- 3 =		x	
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b> Extension for response within first month; Request for continued examination (RCE) (see 37 CFR 1.114)					910.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					1,110.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0591</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<div style="display: flex; align-items: center;"><div style="flex: 1;"> Jonathan P. Osha Attorney Reg. No.: 33,986</div><div style="flex: 1; text-align: center;"><u>#45,079</u> <b>THOMAS SCHERER</b></div></div>				Dated: <u>September 19, 2005</u>	
OSHA · LIANG LLP 1221 McKinney St., Suite 2800 Houston, Texas 77010 (713) 228-8600					
<p>I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV707247878US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.</p> <p>Dated: September 19, 2005      Signature: <u>Debra V. Wieser</u> (Debra V. Wieser)</p>					